



WINTER 1997

BUREAU OF PRIMARY HEALTH CARE *The People We Serve...The People We Are*

## Rural vs Urban: *It's a Personal Choice*

**A**t both rural and urban sites, health care professionals have meaningful experiences with the NHSC. While the debate about location could go on forever, in the end it is a matter of personal preference. Many NHSC practitioners stay at their sites long after their commitments have been fulfilled; others plan on never leaving.

As you make your choice of practice site, there is a great deal to consider. Both rural and urban locations have distinctive advantages and disadvantages. And both offer professional and personal satisfaction.



Laura Gushue

### Debunking the Myths

Many of the reported disadvantages of rural life turn out to be part of the life of health care professionals regardless of where they practice. Many others turn out to be more myth than truth.

For example, some people consider a rural practice to be less professionally satisfying because of a lack of variety in patient problems and pathologies. Janet Sidebottom, a nurse practitioner and NHSC loan repayer practicing in rural Missouri, has not found this to be the case. "We have found pathologies for all sorts of things," she says. And, while they

*Gushue found working with Cincinnati's homeless population to be rewarding for both her patients and herself.*

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### Life in a Rural Community

Many NHSC providers choose a rural practice because of the quality of life it offers. The towns are usually small, and everyone knows everyone else. There is a strong sense of community, and the health care professionals are typically revered as trusted and respected members. Many people consider this ideal for family life.

Rural providers commonly establish close bonds with their patients. Providers who enjoy getting involved in community life will find their input both sought after and valued. According to *Student Doctor*, the official journal of the Student Osteopathic Medical Association, income in a rural practice is equivalent to what you would earn in other areas, and rural practitioners typically work longer hours. On the other hand, everything from groceries to entertainment to housing costs less than in a typical city.

### Annual Conference: New Design, New Energy

**L**ast fall, at NHSC's annual conferences, providers didn't just sit and listen. They participated actively.

"It used to be we sat up in the front and talked to them," explains Ralph Rack, Deputy Chief of NHSC's Clinical and Professional Activities

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The National Health Service Corps is a program of the Federal Health Resources and Services Administration's Bureau of Primary Health Care, which is the focal point for providing primary health care to underserved and vulnerable populations.

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# PA's CRUSADE MAKING A DIFFERENCE



**H**oward Smith is a man with a mission. "I am dedicated to bringing about change in physician assistant utilization in New Jersey," says Smith. An NHSC alumnus and physician assistant, he practices his profession at Monmouth Medical

Center (MMC) in New Jersey and conducts extensive community outreach programs for children at schools. Smith also educates other hospital professionals, administrators and physicians from neighboring hospitals about the value of physician assistants (PAs).

This is a dramatic change from just five years ago. "Up until 1992, physicians assistants could neither be licensed nor practice in the state of New Jersey. In fact, New Jersey was one of the last states in the country to allow us to practice," says Smith. What is ironic, he explains, is that back in 1975 New Jersey established its first program to train PAs at Rutgers University. Students of the University could study, train, and intern there, but when it came time for employment, they had to move out of state.

"Across the United States, New Jersey still has the stigma of having an unfriendly attitude towards PAs," says Smith. "But all that is changing. MMC has exceptionally embraced the PA profession as an integral part of their medical team."

Other hospitals are now using MMC as a model for

the appropriate use of PAs, says Smith. "It gives us an excellent opportunity to educate the medical community about the value of PAs. For example, PAs can handle up to 80% of care delivered in a primary care setting. And it's very cost effective to use us because our broad-based training allows us to rotate through all clinical specialties." PAs, Smith explains, go through 108 weeks of training, giving them a chance to cover much of the curriculum offered in the typical 153 weeks of medical school.

NHSC shares Smith's enthusiasm and has understood the value of PAs in underserved areas since the early 90's. "There has been rapid growth," states Ron Reddick, Public Health Analyst with the NHSC.

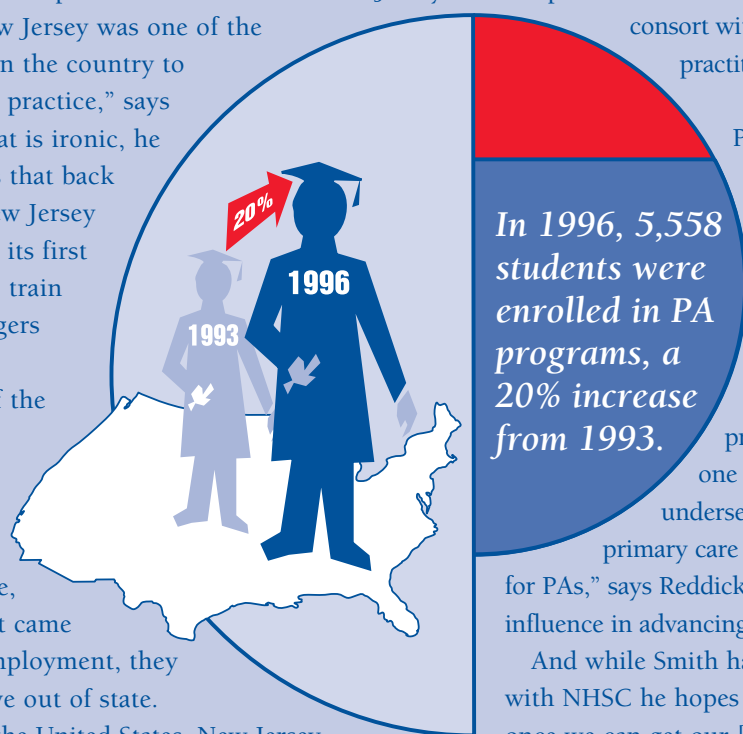
"There are now 5,558 students enrolled in PA programs across the country—a 20% increase from 1993."

The key to their success, says Reddick, is that PAs are trained to work as an integral part of a health care team. "The PAs are limited only by the professional opportunities presented to them by the physician. They work in consort with physicians. They're dependent practitioners."

Reddick also points out that PAs have traditionally a higher service retention rate compared to other non-physician providers. "And once they have a PA trained at a site," says Reddick, "that site usually hires PAs from then on."

Soon MMC will open a new primary care outpatient clinic in one of its neighboring medically underserved areas. "They intend to offer primary care rotational training opportunities for PAs," says Reddick. "This is reflective of Howard's influence in advancing the utilization of PAs."

And while Smith has completed his commitment with NHSC he hopes "to continue with the NHSC once we can get our [new] site designated as a Corps site. NHSC was a very rewarding experience. I would strongly encourage PA students to participate in the NHSC. Primary care is the very premise on which the PA profession was developed. It gives a great feeling of purpose." ■



# NHSC 1996 ANNUAL CONFERENCE: NEW DESIGN AND NEW ENERGY

NHSC Conference  
Continued from page 1

Branch, and one of the conference coordinators. "Now we let them tell their stories."

In 1996, NHSC staff unveiled a new design for their meeting. They combined the orientation of scholars and the annual conference of new providers. They changed the regional focus to four national events held during the fall at different locations around the country. And they completely reconfigured the conference format with a new emphasis on net-working.

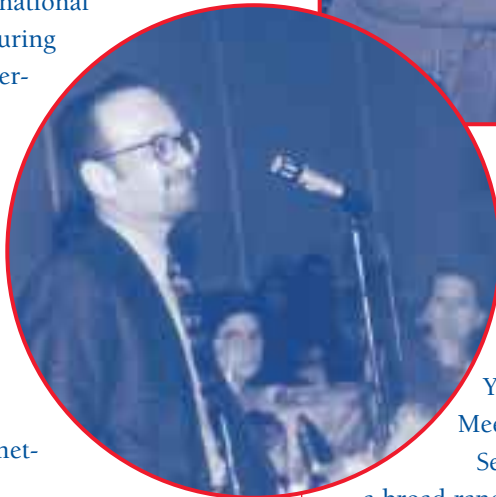
Conference organizers also brought in new keynote speakers, says Rack. Unlike earlier conferences, where the keynote address came from officials at NHSC headquarters, this year the keynoters were people such as Dr. Barbara Ross-Lee. Ross-Lee worked in inner-city Detroit for many years and is now the Dean of Ohio University College of Osteopathic Medicine.

"She energized her audience," says Rack, explaining that she talked about the mission of the NHSC and the importance of serving in underserved areas.

Other aspects of the conferences have changed as well. The schedule is now loaded with round-table discussions, top-notch speakers, and break-out groups. In addition, a daily newsletter provides a synopsis of the previous day's events and a spot for friendly advertisements such as "All



*As part of NHSC's 1996 Annual Conference, José Morales (left) discussed his work in serving Puerto Rico's medically underserved. The conference encouraged round-table discussions and informal exchanges of information, as well as providing printed material for the participants.*



Yale Students, Let's Meet for Breakfast."

Seminar topics covered a broad range of professional and personal issues faced by NHSC providers, including:

**Community Oriented Primary Care:** defined as the union of the traditions of public health and personal health services.

**Making the Bureaucracy Work:** insights to the Federal programs, designed for scholars in training.

**Practice Management:** designed to assist providers entering practice and making the transition from training.

Many of the speakers were NHSC alumni who returned to offer the benefit of their experience to the new providers. The talks were a service to both the conference attendees and the speakers themselves, according to José Morales, MD, who addressed a breakfast session.

"The NHSC [Annual] Conference

was a wonderful opportunity to share with students and residents valuable information about our work in the field," Morales wrote to the conference organizers. "As an NHSC scholar who has decided to continue working for the underserved population, I felt that this experience completed an important part of my professional life. Thank you for including me and congratulations on a well-presented conference. It was a spiritually and intellectually stimulating three-day event."

The conferences attracted capacity crowds in all locations, with a total of more than 1,000 attendees. In response to requests from those unable to attend one of the four sessions, a fifth session was scheduled for January, in the Washington, D.C. area.

"It was the feedback we got last year that was beneficial for the planning of this year's conferences," says Rack. He expects the session evaluations from this year to be helpful in shaping next year's conferences. ■

## California

Azusa Pacific U./NP  
*Baker-Peeke, Kimberly A.*

Cal State U. Bakersfield/PA  
*Martin, Debra A.*

Charles R. Drew U. Coll. Of Allied  
Health/PA  
*Edwards, Jennifer M.*  
*Guerrero, Carlos*

Coll. Of Osteo. Med. Of The Pacific PA Prog.  
*Valdovinos, Mima G.*

Stanford U. Sch. Of Med. PA Prog.  
*Outlaw, Annette R.*

U. Of CA San Francisco/NP  
*Chalfant, Helen W.*

U. Of San Diego Hahn Sch. Of Nursing/NP  
*Erickson, Patricia L.*

USC PA Prog.  
*Lawrence, Jennifer J.*  
*Lewis, Tina D.*

USC Sch. Of Med.  
*Farfan Gonzalez, Olivia*  
*Rhee, Kyu Bak Louis*

Western U. Of Health Sciences/DO  
*Saunders, Linda A.*  
*Smith, Elowyn M.*

## Colorado

Regis U./NP  
*Hurst, Barbara A.*

U. Of CO Sch. Of Med.  
*Price, Jennifer R.*

U. Of CO Sch. Of Med. PA Prog.  
*Whittaker, Lisa M.*

## Connecticut

Yale U. Sch. Of Med. PA Prog.  
*Ford, Zylphia L.*  
*Litak, Carolyn K.*  
*Watkins, Kenneth*

Yale U. Sch. Of Nursing/NM  
*Andrew, Bridget C.*  
*Niego, Lesley A.*  
*Patchen, Loral*

Yale U. Sch. Of Nursing/NP  
*Hayes, Joanne M.*  
*Kim, Christina Y.*

## Florida

NOVA Southeastern U. Coll. Of Osteo. Med.  
*Anthony, Chet*  
*Cheatham, William W.*  
*Hajibagherkashi, Maryam*  
*Lewandoski, Mary E.*  
*Mulawka, John M.*  
*Nguyen, Tuan Dinh*  
*Quigley, Richard C.*  
*Schwartz, Edward B.*

NOVA Southeastern U. PA Prog.  
*Christiansen, Sue E.*  
*Flores, William D.*  
*Norton, Michael R.*  
*Potters, Martin D.*

U. Of Miami Sch. Of Nursing/NP  
*Spyers-Duran, Hilary P.*

## Georgia

Emory U. Sch. Of Med.  
*Johnson, Brandon P.*  
*Vance, John E.*

Emory U. Sch. Of Med. PA Prog.  
*Buchanan, Jeffrey D.*

Emory U. Woodruff Sch. Of Nursing/NM  
*McLachlan, Billie R.*

# Congratulations to the new 1996 NHSC Scholars as of October 1, 1996

Emory U. Woodruff Sch. Of Nursing/NP  
*Doughton, Susan R.*  
*Petit, Cynthia D.*

GA Southern Coll. Dept. Of Nursing NP Prog.  
*McTier, Clyde L.*

Mercer U. Sch. Of Med.  
*Leslie, Virginia C.*  
*Toub, Rachel A.*

Morehouse Sch. Of Med.  
*Burks, Lafayette L.*  
*Lawrence, Lakesha Y.*  
*Nelson, Aretha C.*  
*Smith, Tania*

## Hawaii

U. Of HI Sch. Of Med.  
*Hayes, Donald K.*

## Illinois

Cook County Hosp./Malcom X Coll./PA  
*Wallace, Doris L.*

Loyola U. Of Chicago Stritch Sch. Of Med.  
*Bader, Kimberly A.*  
*Bauman, Valerie S.*

Midwestern U. Chicago Coll. Of Osteo Med.  
*Trimble, Jennifer A.*

Midwestern U. PA Prog.  
*Allison, Jon D.*  
*Knauf, Todd R.*  
*Rose, Elana M.*  
*Wilson, Mark C.*

Northwestern U. Med. Sch.  
*Boddie, Ellena L.*  
*Leedy, Carolyn M.*

Rush U./Med.  
*Holen, Jeffrey K.*  
*Nelson, Sara L.*

St. Xavier U. Sch. Of Nursing/NP  
*McKenzie, Diane E.*

Southern IL U. Sch. Of Med.  
*Kaefer, Maria*

U. Of Chicago Pritzker Sch. Of Med.  
*Mendoza, Michael D.*

U. Of IL Coll. Of Med.  
*Aremu, Oyeibisi*

U. Of IL Rockford Med. Sch.  
*Ortega, Diana E.*

U. Of IL Urbana Med. Sch.  
*Crainsmith, Rebecca J.*  
*Egal, Hussein W.*

## Indiana

IN U. Sch. Of Med.  
*Wenger, Aedra D.*

## Iowa

U. Of IA PA Prog.  
*Kupko, Amy E.*

U. Of Osteo. Med. & Health Sciences  
*Bailey, Sandra L.*  
*Freeman, Georgeanne*

U. Of Osteo. Med. & Health Sciences PA Prog.  
*Burt, Jonathan L.*

## Kansas

U. Of KS Sch. Of Med.  
*Loeb, Lola J.*

## Kentucky

Frontier Sch. Of Midwifery & Family  
Nursing  
*Hollstein, Kim M.*  
*Renfro, Patricia H.*

Spalding U./NP  
*Jamison, Sharon S.*  
*Mohr, Kimberly L.*

U. Of KY Coll. Of Med.  
*Noble, Lisa M.*

U. Of KY Coll. Of Nursing/NM  
*Qualls, Kipling J.*

U. Of KY Coll. Of Nursing/NP  
*Stanley, Shirley F.*

## Louisiana

LA State U. Sch. Of Med. Shreveport  
*Dye, Cathleen E.*

Northwestern State U. NP Prog.  
*Leblanc, Lucas P.*

Tulane U. Sch. Of Med.  
*Ebersole, Maiko G.*  
*Young, Maria S.*

## Maine

U. Of New England Coll. Of Osteo. Med.  
*Abbruzzese, Salvatore R.*  
*Funaioli-Sheehan, Jennifer L.*  
*Reidy, Diane L.*

U. Of Southern ME/NP  
*Landry, Therese A.*  
*Runcy, Eileen J.*

## Maryland

Johns Hopkins U. Sch. Of Med.  
*Jimenez, Sydney E.*

## Massachusetts

Boston Coll. Sch. Of Nursing/NP  
*O'Sullivan, Joanne*

Boston U. Sch. Of Med.  
*Boudreau, Francis H.*  
*Lepore, Mark*  
*Zamor, Philippe J.*

Harvard Med. Sch.  
*Henning, Sarah-Anne*

MGH Inst. Of Health Professions/NP  
*Chiaravallotti, Danielle E.*  
*Ramanauskas, Corinne M.*

Simmons Coll. NP Prog.  
*Cochrane, Jill E.*

Tufts U. Sch. Of Med.  
*Benson, Peter*  
*Gillespie, Christina I.*  
*Xerras, Dean C.*

## Michigan

MI State U. Coll. Of Human Med.  
*Escamillo, Arthur J.*  
*Garcia, Michael A.*

MI State U. Coll. Of Nursing/NP  
*Holland, Christa L.*

MI State U. Coll. Of Osteo. Med.  
*Morrone, William R.*

U. Of Detroit Mercy PA Prog.  
*Farris, Kim R.*

U. Of MI Sch. Of Nursing NP Prog.  
*Dickerson, Denise S.*  
*Tou, Joanna Chia-Chun*  
*Wallace, Cheryl L.*

Western MI U. PA Prog.  
*Anderson, Alexander R.*

## Minnesota

Coll. Of St. Scholastica/NP  
*Meholic, Irene N.*

## Mississippi

U. Of MS Med. Center NP Prog.  
*Hulum, Yolonda*

## Missouri

Kirkville Coll. Of Osteo. Med.  
*Banta, Renee M.*  
*Jarolim, Christina M.*  
*Jones, Daniel J.*

St. Louis U. Sch. Of Allied Health PA Prog.  
*Adler, Heidi N.*

St. Louis U. Sch. Of Med.  
*Kieran, Jennerfer*

St. Louis U. Sch. Of Nursing/NP  
*Robinson, Gwendolyn M.*

U. Of MO Kansas City Sch. Of Nursing/NP  
*Nunley, Frances L.*

U. Of The Health Sciences Coll. Osteo. Med.  
*Graham, Jeremy D.*

## Nebraska

U. Of NE PA Prog.  
*Flick, Trinity J.*

## New Hampshire

Dartmouth Med. Sch.  
*Beach, Ann P.*  
*Emry, Geoffrey T.*  
*Kolo, Lucinda M.*  
*Mahoney, Michael L.*  
*Perry, Carole E.*  
*Willers, Michael E.*

U. Of NH NP Prog.  
*Hankins, Mark F.*

## New Jersey

Rutgers U.—U. Of Med. & Dental Of NJ—  
Johnson Med. Sch./PA  
*Coval, Beth A.*

## New Mexico

U. Of NM Coll. Of Nursing/NP  
*Dowell, Donna L.*

# ESPECIALLY FOR SCHOLARS

## New York

Albany/Hudson Valley PA Prog.  
Adams, Michael C.  
Edens, Nancy A.

Albany Med. Coll. Of Union U.  
Duffy, Michael K.  
Roemmelt, Marney D.

Albert Einstein Coll. Of Med. Of Yeshiva U.  
Didonato, Laurie A.  
Schiavoni, Andrew J.  
Shah, Sapana

Bayley Seton Hosp. PA Prog.  
Keever, Roger C.

Bronx Lebanon Hosp. Center/Lehman Coll./PA  
Gershowitz, Kim J.

Brooklyn Hosp. Center/Long U./PA  
Alexander, Roberto B.  
Richards, Michael P.

Catholic Med. Center Of Brooklyn & Queens/PA  
Turko, Darrin E.

Columbia U. Sch. Of Nursing/Midwifery  
Herdan, Deborah J.  
McGovern, Patricia E.

Columbia U. Sch. Of Nursing/NP  
Brady, Susan C.  
Epstein, Julia B.  
Wood, Nancy A.

CUNY/Harlem Hosp. Center PA Prog.  
Bowers-Dodson, Cydney E.

D'Youville Coll./PA  
Bendert, Michael

Mount Sinai Sch. Of Med. Of CUNY  
Ahmad, Khalid S.  
Black, Kristin  
Hemond, Joni A.

NY Inst. Of Tech. (NY Coll. Osteo. Med.)  
Tolbert, De Witt

NY Med. Coll.  
Heer, Kristina M.  
Yon, Sabrina Man Yee

NYU Sch. Of Med.  
Leak, Theresa M.

Rochester Inst. Of Tech./PA  
Glenn, Eddie E.  
Scheib, Paul F.  
Thomas, Becky L.

SUNY at Buffalo Sch. Of Med.  
Peace, Donna J.  
Pigos, Kevin L.

SUNY at Buffalo Sch. Of Nursing/NP  
Sudano, Linda M.

SUNY Health Science Center Brooklyn PA Prog.  
Nalepka, Daniel A.

Syracuse U. NP Prog.  
Hopkins, Aaron K.

Touro Coll. Sch. Of Health Sci. PA Prog.  
McGowan, Barry A.

U. Of Rochester Sch. Of Med.  
Colli, Michael J.  
Stohrer, Hans L.

## North Carolina

Bowman Gray Sch. Of Med. PA Prog.  
Bradshaw, Ramon S.  
Langley, Dawn T.

Duke U. Med. Center PA Prog.  
Brewer, Angela M.  
Buchanan, Phyllis J.  
Roberson, Sarah E.  
Tanna, Gita V.

## North Dakota

U. Of ND Sch. Of Med.  
Swedberg, Phillip L.

## Ohio

Case Western Reserve U. NP Prog.  
Carman, Darin T.  
Miller, Tonya M.  
Vanek, Robon M.

Case Western Reserve U. Nurse-Midwifery  
Mason, Jennifer E.  
McQueen, Paula S.

Case Western Reserve U. Sch. Of Med.  
Carson, Mia M.

Med. Coll. Of OH At Toledo  
Stewart, Ada D.

Wright State U. Sch. Of Med.  
Gillespie, Christopher O.  
Hamilton, Walter D.  
Lavy, Misti M.  
Mallett, Tamala R.  
Odocha, Innocent N.

## Oregon

OR Health Sciences U./Med.  
Abusharr, Raja  
Lerch, Heather

## Pennsylvania

Gannon U. PA Prog.  
McTall, Rebecca L.  
Petrash, Laura D.

Hahnemann U. School of Health Sciences  
& Humanity/PA  
Ferguson, Janine  
Johnson, Charles K.  
Luyando, Mariana  
Roig, Enrique

Hahnemann U. Sch. Of Med.  
Kepner, Colleen S.

Jefferson Med. Coll. Of Thomas Jefferson U.  
Breen, James O.  
McElynn, Kenneth R.  
Noll, Robert K.  
Oswald, Mark A.

Med. Coll. Of PA & Hahnemann U.  
Roelofs, Kevin J.  
Smith, Scott

PA State U. Coll. Of Med.  
Bradley, Mary E.  
Reilly, Brenda

Philadelphia Coll. Of Osteo. Med.  
Boll, John N.  
Bordeaux, Bryan C.  
Davenport, Leamon L.  
Han, Kenneth J.

St. Francis Coll. PA Prog.  
Dawson, Dina M.  
Driscoll, Patricia A.  
Kimmen, Cheryl A.  
Schulte, Kristine L.  
Wright, Laurie M.

Temple U. Sch. Of Med.  
Grotegut, Chad A.  
Hartman, Daniel J.  
Steiner, Michael J.  
Webb, Tamika A.

U. Of PA Sch. Of Med.  
White, Kara M.

U. Of PA Sch. Of Nursing/NP  
Aas-Larson, Christine S.  
Sampson, Pamela B.

U. Of Pittsburgh Sch. Of Med.  
Williams, Sherida L.

## Puerto Rico

Ponce Sch. Of Med.  
Khambaty, Fatima M.

U. Of PR Sch. Of Med.  
Acevedo, Suhrei  
Rivera, Norma M.  
Rodriguez-Rivera, Ingrid V.

## Rhode Island

Brown U. Prog. In Med. Science  
Archer, Deborah M.  
Quiogue, Michelle S.

## South Carolina

Med. U. Of SC Coll. Of Med.  
Springle, Kevin A.

Med. U. Of SC/NP  
McArdle, Sandra K.

Med. U. Of SC/PA  
Elston, Tanya L.

U. Of SC Columbia/NP  
Frampton, Barbara J.

## South Dakota

SD State U. Coll. Of Nursing/NP  
Schock, Julie A.

## Tennessee

Meharry Med. Coll. Sch. Of Med.  
Bartley, Mary M.  
Bell, Michael A.  
Bowers, Gwendolyn E.  
Calhoun, India N.  
Campbell, Highland R.  
Dickey, Rhonda R.  
Ducote, Dana C.  
Ferguson, Nikita  
German, Edward L.  
Gray, Jimmy L.  
Hines, Carisa L.  
Jackson, Kevin M.  
James, Weldon G.  
Martin, Garrett C.  
Nguyen, Tuan Quoc  
Perkins, Theisha Y.  
Pertiller, Sheila D.  
Phillips, Tracy T.  
Simon, Urelaine R. M.

Vanderbilt U. Sch. Of Med.  
Potter, Eric C.

Vanderbilt U. Sch. Of Nursing/NP  
Bieberly, Johanna M.  
Burnett, Marilyn S. A.  
Killgore, John E.  
Lampert, Lenore L.  
Pyles, Natasha I.  
Swint, Charlotte E.

## Texas

Baylor Coll. Of Med.  
Ruel, Kelly S.

Baylor Coll. Of Med. PA Prog.  
Stack, Susanne C.

U. Of North TX Health Science Center/DO  
Vo, Thu Phuong Thuy

U. Of TX Austin NP Prog.  
Loux, Diane M.

U. Of TX Med. Sch. At San Antonio  
Ross, David M.

U. Of TX Southwestern Med. Sch.  
Coffey, Randall C.

West TX A&M U./NP  
Srygley, Rebecca J.

## Utah

U. Of UT Sch. Of Med. PA Prog.  
Briley, Melissa S.

## Vermont

U. Of VT Coll. Of Med.  
Lathrop, Eva H.

## Virginia

Marymount U./NP  
Stafford, Pamela K.

Med. Coll. Of Hampton Roads  
Jennings, Stewart W.

VA Commonwealth U. Med. Coll. Of VA  
Brown, Monique Y.  
Lowman, Karla D.

VA Commonwealth U. Sch. Of Nursing/NP  
Ellett, Catherine C.  
Phillips, Barbara C.

## Washington

Seattle Pacific U. NP Prog.  
Johnson, Betsy A.

U. Of WA Medex NW PA Prog.  
Carlson, Jeanette S.  
Flores, Arthur M. A.

U. Of WA Sch. Of Med.  
Gwathney, Jamal K.

## Washington, D.C.

Georgetown U. Sch. Of Med.  
Donovan, Michael J.  
Elliot, Mark B.  
Gonzalez, Paul E.  
Good, Peter A.  
Mehta, Sumeru G.

Georgetown U. Sch. Of Nursing/NP  
Bitzer, Carolyn A.  
Jones, Phyllis A.

George Washington U. PA Prog.  
Burwell, Nicole B.  
Klimkiewicz, Richard D.  
Saeger, Sarah S. H.  
Strehlow, Anja N.  
Whorton, Mary K.

George Washington U. Sch. Of Med.  
Eppard, Renee C.  
Forman, Karin R.  
Lee, Jenny  
Weigle, Nancy J.

Howard U. Coll. Of Allied Health  
Science/PA  
Cummings, Alison G.  
Jackson, Felicia C.  
Keith, Sharonda E.  
Roberson, Janene D.  
Williams, Kenneth

Howard U. Coll. Of Med.  
Forth, Monica J.  
Magloire, Christ A.  
Merry, Elmer V.

Howard U. Coll. Of Nursing/NP  
Knight, Nicole A.

## West Virginia

WV Sch. Of Osteo. Med.  
Martin, John P.  
Wilson, Abigail R.

## Wisconsin

Med. Coll. Of WI  
Artavia, Luis A.  
Melendez, Michelle L.

U. Of WI Med. Sch.  
Lemkuil, Amy E.  
Lione, Kristin K.

U. Of WI Oshkosh Sch. Of Nursing/NP  
Nelson, Sharon R.

## Wyoming

U. Of WY Sch. Of Nursing/NP  
Desanto, Cathy A.

# LENGTH OF SERVICE AWARDS

**T**he Health Resources and Services Administration's Bureau of Primary Health Care has established the National Health Service Corps (NHSC) Provider Recognition Program (PRP) to recognize the accomplishments of NHSC primary care providers.

The first phase of the program, the NHSC National Honor Awards, was implemented in April 1996. The second phase, the Length of Service Awards, will be implemented this summer.

Names for the Length of Service Awards can be submitted throughout the year. They are reviewed non-competitively on a quarterly basis.

Awards are based upon the length of service after the service commitment is complete.

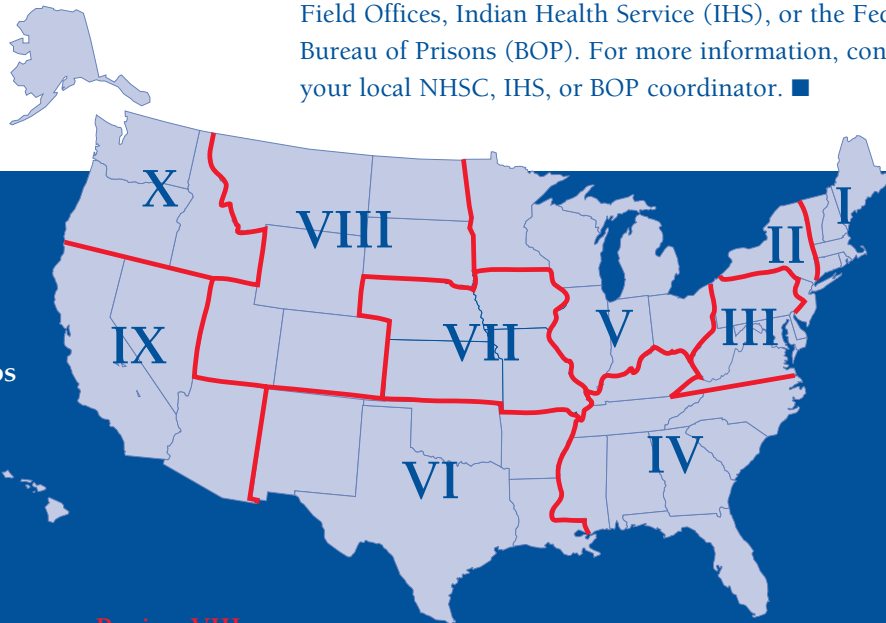
Those eligible for recognition are NHSC Federal and Community scholarship recipients, NHSC Federal and State loan repayment recipients, and NHSC Federal assignees who have completed 1, 3, 5, 10, 15, or 20+ years of service to the underserved, beyond their service commitment.

Names may be submitted by fellow providers, sites, Primary Care Associations, Primary Care Organizations, Field Offices, Indian Health Service (IHS), or the Federal Bureau of Prisons (BOP). For more information, contact your local NHSC, IHS, or BOP coordinator. ■

- **Region I**  
Contact: John Bacharz  
(617) 565-1463
- **Region II**  
Contact: Lester Theophilakos  
(212) 264-2728
- **Region III**  
Contact: Mel Lerner  
(215) 596-6124
- **Region IV**  
Contact: Galo Torres  
(404) 331-2571
- **Region V**  
Contact: Clarinda Valentine  
(312) 353-4168
- **Region VI**  
Contact: Frank Cantu  
(214) 767-3342
- **Region VII**  
Contact: Judy Jensen  
(816) 426-2916

- **Region VIII**  
Contact: Marva Jackson  
(303) 844-3206
- **Region IX**  
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New Quality Center  
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Garry explains, is threefold. It will facilitate the development and/or the improvement of quality management systems in BPHC-supported organizations. It will enhance the leadership capacity so that the quality of the health care delivered to vulnerable populations becomes visible and recognized. And it will aid in

demonstrating to purchasers, payers, providers, and patients that the health care delivery system supported by the BPHC is competitive, viable, and unparalleled in the marketplace.

"BPHC programs have been providing quality care for years," says Garry. "With the Quality Center, we can

learn more about quality, community-based, integrated delivery systems of care and document BPHC programs as models others can emulate." ■

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see fewer unusual medical conditions, this isn't a rural issue. They draw from a smaller population, so they see less of everything.

Another issue to consider is the risk of professional isolation. "I think for some that might be true when you first start out," says Sidebottom. But it need not be so. "I get invited to all kinds of professional events. And there are a lot of outreach programs that come to us," Sidebottom says.

Another widely held belief is that there is a lack of access to advanced medical equipment. This concern varies from site to site and is easy enough to research while considering options.

Michael Gregory, a rural NP and former NHSC scholar practicing in Washington state, believes that professional isolation has been a drawback, but that it's changing. "With more interest on state levels," says Gregory, "there is more outreach to both urban and rural sites. And telemedicine is helping." Gregory also says they have developed a network of specialists they can call on with little notice. "We can fax colleagues at other sites and they'll get back to us right away."

A rural setting can mean less privacy during non-working hours. But how you feel about that depends on your perspective as well as your expectations. "My mom and dad both grew up on farms," says Gregory. "I like farm towns. The farm people are by and large unaffected, hard-working people. It's part of the nature of rural communities."

## Inner City Life

As is true with rural practices, urban practices provide a deep sense of satisfaction through helping the medically underserved.

Among the differences is the fact that there is usually a variety of places to live a reasonable distance away from your practice site, if that is your preference.

City life offers many benefits for families and individuals, such as a wide variety of cultural and educational opportunities. There is likely to be a broader base of social contacts who may share your leisure time preferences.

A city setting offers more readily available professional support systems. Laboratories, professional contacts, and the availability of specialists to consult with or refer patients to are luxuries not so easily found in rural settings.

And hours of operation are often fewer than those of rural practices. "Our clinic is open from 8:00 a.m. to 5:00 p.m.," says Laura Gushue, a dentist who completed her NHSC loan commitment with the Cincinnati Health Department and continued practicing there.

## Inner City Challenges

The most obvious trade-off of an urban practice is that it's likely to have more social ills. Congestion, noise, traffic, and crime are simply part of city life. "The crime rates in the inner cities are certainly higher," says Gushue. "We've had some threatening folks in our clinic, but it's not very common."

Some contend that it is harder to get paid for services rendered in an inner city. Patients may lack adequate financial resources, and it may be difficult to collect third party payment.

In fact, sometimes it's easier to receive remuneration in the inner city. "We're city-subsidized," says Gushue. "Patients only have to pay an average of two dollars for services rendered. The homeless are federally subsidized through a grant program. We also have

donated dental services, where dentists offer work at no charge."

Inner cities have larger homeless populations, and working with this population may make some providers uncomfortable. Gushue admits that initially she was worried about working with the homeless. "I had never been around homeless people. I didn't know what to expect." After establishing herself, she found the experience to be very rewarding for both her patients and herself.

Another issue traditionally thought of as a city problem is that many patients don't speak English. "It's another challenge no longer exclusive to city practices," says Gushue. "Having a staff who speak multiple languages is always helpful. But usually our non-English speaking patients bring a family member or friend to interpret."

## Final Thoughts

The issues mentioned here are among the many you should consider in making this important professional—and personal—decision. Research your options, consider your goals and preferences, and be honest with yourself. The NHSC brochure, "Selecting Your Practice Location," offers a step-by-step approach to this decision process.

In closing, Michael Gregory offers a personal insight: "I think there's a certain kind of person who will serve the underserved. It doesn't appeal to everyone." Realizing that it does appeal to you is the first step in a lifetime of decisions. It puts you on an important and satisfying career path.

*For a copy of the brochure or other NHSC material, call 800-221-9393. ■*

## NEW QUALITY CENTER

“Quality is a strategic part of our leadership agenda and is synonymous with the mission of the Bureau,” writes Marilyn H. Gaston, M.D., Assistant Surgeon General and Director of the Health Resources and Services Administration’s Bureau of Primary Health Care (HRSA/BPHC). Gaston makes this point in an announcement of the new BPHC Quality Center.

“To assure that vulnerable populations have access to quality primary health care,” she continues, “the Bureau is addressing four dimensions of quality. Each dimension signifies a capacity to deliver quality in a measurable way.” These dimensions are:

**Quality of Service Delivery:** the capacity to meet standards of access and patient satisfaction with the health care delivery system;

**Quality of Care:** the capacity to deliver clinical care that meets the tests of appropriateness, comprehensiveness, and continuity, measuring structure and process through accreditation and the Primary Care Effectiveness Review (PCER);

**Quality of the Work Force and Work Environment:** the capacity to deliver a well trained, credentialed work force that is committed and culturally competent;

**Quality of Health Status Outcomes:** the capacity to improve health outcomes and eliminate the disparities experienced by vulnerable populations.

The newly appointed Coordinator of the Quality Center is Kelly Garry. Garry was selected for this 12-month assignment based on her experience with the Health Care Financing Administration and managed care organizations. She has also been actively involved in the Bureau’s quality activities as Project Officer for the accreditation initiative.

The purpose of the Quality Center,



Kelly Garry

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